

FORM NO. 5
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

W.H.F.
N. B.
McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA.		5580	
Township of <u>St.</u>		Bureau of Vital Statistics			
Inc. Town of <u>Abbeville</u>		Registration District No. <u>130</u>		Registered No. <u>23</u>	
City of <u>Abbeville</u>		(No. <u>130</u> St.; <u>2nd</u> Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Ethel Young</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Female</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE <u>March, 28</u> , 19 <u>15</u>	
To be answered only in event of Twins or Triplets.				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Cliff W Young</u>			(14) NAME BEFORE MARRIAGE <u>Etha Watter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville Co</u>		
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>70</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(18) BIRTHPLACE <u>Abbeville Co</u>		
(12) BIRTHPLACE <u>Abbeville Co</u>			(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Mill work.</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
(20) Number of children born to mother, including present birth <u>3</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2 A.M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>C. C. Gambrell</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Abbeville S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			<u>Mar 30 1915</u>		
Registrar			(27) Filled <u>1915</u> (28) <u>J. H. Perrin</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

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